

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057240

Entity Name: JOSE M. LOPEZ M.D. P.A.

FILED  
Mar 12, 2010  
Secretary of State

**Current Principal Place of Business:**

11530 CLAYMONT CIRCLE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

11530 CLAYMONT CIRCLE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 65-1189553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOPEZ, JOSE M  
11530 CLAYMONT CIR  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: LOPEZ, JOSE M  
Address: 11530 CLAYMONT CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: RIVERA, CATHERINE  
Address: 11530 CLAYMONT CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE M LOPEZ

PRES

03/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date